

MAR 13 2015

## SENATE RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH TO NOT CONSIDER CERTAIN BENEFITS UNDER TITLE II OF THE SOCIAL SECURITY ACT AS INCOME WHEN DETERMINING MEDICAID ELIGIBILITY AND TO ADOPT RULES TO ALLOW A PROVIDER OF MEDICAID ADULT DAY HEALTH SERVICES TO BILL IN FIFTEEN MINUTE INCREMENTS.

1 WHEREAS, small developmental disability domiciliary homes  
2 located in the community are vital components of the State's  
3 services for individuals with developmental disabilities,  
4 providing them with a home, meals, and general supervision; and  
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6 WHEREAS, individuals with disabilities who have extremely  
7 low income rely on federal supplemental security income ("SSI")  
8 for living expenses, but SSI alone is grossly insufficient to  
9 cover the cost of necessary residential and health care  
10 services, particularly in settings such as community care foster  
11 family homes, certified adult foster homes, and developmental  
12 disability domiciliary homes; and  
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14 WHEREAS, Hawaii has long recognized and addressed the  
15 shortfall in living income by authorizing a state payment  
16 supplemental to SSI under section 346-53(c), Hawaii Revised  
17 Statutes; and  
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19 WHEREAS, individuals with disabilities who have extremely  
20 low income and rely on SSI also rely on the State's Medicaid  
21 program for medical care and home and community based services  
22 to maintain a healthy and productive life in the community; and  
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24 WHEREAS, eligibility for Medicaid services is subject to a  
25 Medicaid income qualification standard, and, in the case of some  
26 individuals, the receipt of federal disability benefits under  
27 Title II of the federal Social Security Act causes the  
28 individual's total income to exceed the income qualification  
29 standard for SSI and the state supplement to SSI and, as a  
30 result, eligibility for Medicaid; and  
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1 WHEREAS, when a Medicaid recipient's total income exceeds  
2 the Medicaid income qualification standard, in order to retain  
3 eligibility for Medicaid the individual must spend down all of  
4 the recipient's income as cost share for Medicaid services until  
5 the recipient's income equals an arbitrary "medically needy"  
6 standard of \$469 per month, which is the only amount the  
7 individual retains for personal expenses including room and  
8 board and other non-medical expenses; and  
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10 WHEREAS, the medically needy amount of \$469 is grossly  
11 inadequate to cover an individual's living expenses in a  
12 developmental disability domiciliary home, and the operator of  
13 the home must then make a choice between evicting the individual  
14 and absorbing the difference between the resident's income and  
15 the cost of the resident's room, board, and services; and  
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17 WHEREAS, in many cases, the cause of the individual's  
18 income exceeding the Medicaid qualification standard is the  
19 receipt of social security disability income under Title II of  
20 the Social Security Act on the basis of blindness or disability  
21 that began before the resident attained the age of twenty-two;  
22 and  
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24 WHEREAS, it appears that some states do not consider such  
25 social security disability income, or the increase thereof, as  
26 income when determining Medicaid eligibility, thereby  
27 eliminating the need to spend down to the medically needy  
28 standard; and  
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30 WHEREAS, it appears that Hawaii and ten other states choose  
31 whether or not to consider such income, and Hawaii has not  
32 implemented a rule to not consider such amounts as income, which  
33 causes extreme financial difficulty for affected individuals and  
34 service providers; and  
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36 WHEREAS, one vital Medicaid service for elderly and  
37 disabled individuals is adult day health services, which are  
38 provided by numerous providers in a variety of community  
39 settings for individuals who are eligible for Medicaid; and  
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41 WHEREAS, the Department of Health only allows providers to  
42 bill for a six-hour full day or three-hour half day; as a



1 result, if a half day client is present for fewer than three  
2 hours in one day, the provider can bill nothing, and if a full  
3 day client is present for fewer than six hours in one day, the  
4 provider can bill for only a half day; and

5  
6 WHEREAS, expenses are not reduced when a client is present  
7 for less than a full or half day; therefore, providers should be  
8 paid for services actually rendered; now, therefore,

9  
10 BE IT RESOLVED by the Senate of the Twenty-eighth  
11 Legislature of the State of Hawaii, Regular Session of 2015,  
12 that the Department of Human Services and Department of Health  
13 are requested to not consider as income the Social Security Act  
14 Title II benefit or any increase in that benefit if the benefit  
15 makes an individual ineligible for the state supplement to SSI  
16 and Medicaid; and

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18 BE IT FURTHER RESOLVED that the Department of Human  
19 Services and Department of Health are urged to take all actions  
20 necessary to allow a provider of Medicaid home and community  
21 based adult day health services to bill in fifteen minute  
22 increments instead of full- or half-day increments; and

23  
24 BE IT FURTHER RESOLVED that certified copies of this  
25 Resolution be transmitted to the Director of Human Services,  
26 Director of Health, and Hawaii State Council on Developmental  
27 Disabilities.

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30 OFFERED BY:

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